



FAMILY COMPOSITION CHANGE REQUEST

In order to request an interim adjustment to family composition you must **complete the attached form and return it with proof of the change** within ten (10) business days of the change. Failure to report a change in household composition may require you to repay money to MPHA.

The following is a list of the required documents needed to process your interim. Failure to provide this documentation will result in a delay of the interim rent adjustment.

The change **will be effective on the first of the month following a full month waiting period** in order to gather necessary information and to provide a 30-day notice of your new rent portion. For example:

- If you report a change in January, January is your reporting month
- February then is the waiting month, allowing us time to gather replacement income information and provide both you and the property owner a 30-day notice of the change
- The change will be effective March 1st

To Add a Minor Child to your Household through Birth or Adoption, please provide the following:

- Social Security Card
- Birth Certificate
- Adoption Court Documents

To Add a Minor Child to your Household through other circumstances, please provide the following:

- Social Security Card
- Birth Certificate
- Court Awarded Custody Documents OR
- Notarized letter from child's parent designating custody and including expected length of stay

To Add an Adult to your Household:

Contact your Eligibility Technician to schedule an appointment that the additional member is required to attend.

The member to be added must bring the following documentation to this meeting:

- Statement from property owner approving the addition of this adult to the unit
- Social Security Card
- Valid picture ID
- Documentation of income (last 6 pay stubs; current award letters; current benefit statements)

To Remove a Household Member, please provide the following:

- Proof of the new address for the member who is leaving the household. This can be a copy of their new lease or a utility bill with their new address.
- A statement from your current property owner confirming that this family member has vacated the unit.
- If you are removing an adult member an additional form needs to be signed for "removal of adult member".



FAMILY COMPOSITION CHANGE REQUEST

This form WILL NOT BE ACCEPTED without the required documentation.

MUST attach the appropriate documentation to this form, according to what type of change you are reporting
(see other side for instructions)

HOUSEHOLD INFORMATION	
Head of Household Name	Last Four Digits of Social Security Number
Street Address	
Phone Number	Email

FAMILY COMPOSITION CHANGES – CHECK ANY THAT APPLY			
<input type="checkbox"/> Remove Household Member ADULT* <input type="checkbox"/>	Name	Date of Birth	Move Out Date
	New Address		
*REMOVING AN ADULT – YOU NEED TO SIGN AN ADDITIONAL FORM “REMOVAL OF ADULT MEMBER”			
<input type="checkbox"/> Add Minor Child	Name	Date of Birth	Social Security Number
<input type="checkbox"/> Add Minor Child	Name	Date of Birth	Social Security Number
<input type="checkbox"/> Add Adult* CONTACT ET FOR APPT	Name	Date of Birth	Social Security Number
	Relationship to Head of Household		Date of Move-In
*APPOINTMENTS ARE REQUIRED TO ADD ADULTS TO HOUSEHOLD			

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of housing assistance.

Head of Household signature: _____ Date: _____



Section 8
Housing Choice Voucher Program

Declaration of 214 Status

Rev. Date 15.10.09

All family members who will benefit under the Section 8 program must either be a citizen/national of the United States (U.S.) or be a citizen with eligible immigration status, as determined by the U.S. Department of Housing and Urban Development (HUD) and U.S. Citizenship & Immigration Services (USCIS).

Head of Household name: _____
Social Security number: _____

INSTRUCTIONS:

All family members who claim to be a citizen/national of the U.S. or a noncitizen with eligible immigration status should be listed on this form and should check one box. If there are family members residing in the unit that do not claim to be either a citizen/national of the U.S. OR a noncitizen with eligible immigration status, they should not check any box; these members should fill out the "Non-Contending Form." Please read and complete this form carefully; please feel free to consult with an immigration lawyer or another immigration expert of your choice.

The head of household and all adult household members must sign; for all members under 18, the form must be signed by an adult member of the household who is responsible for the child.

CERTIFICATION:

I certify under penalty of perjury that, to the best of my knowledge, I, and all minor members of my household listed below, am lawfully within the United States because I am a/I have (check the appropriate box below):

- | | |
|---|--|
| A. Citizen by birth or Naturalized citizen/national of the US | E. Refugee, Asylum or Conditional Entry status |
| B. Eligible Immigrant 62+ years of age | F. Parole status |
| C. Immigrant status | G. Threat to life or freedom |
| D. Permanent Resident status | H. Amnesty |

(See rear of form for description of the above categories)

CATEGORIES OF CITIZEN/IMMIGRATION STATUS
SEE LIST ABOVE – CHECK APPROPRIATE BOX

	FIRST NAME	MI	LAST NAME	AGE	A	B	C	D	E	F	G	H
1.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Head of Household _____ Date _____

Household Member Age 18 and Over _____ Date _____

Household Member Age 18 and Over _____ Date _____

Household Member Age 18 and Over _____ Date _____

Description of Immigration Status Categories

- B. Eligible immigration status and 62 years of age or older:** For non-citizens who are 62 years of age or older were receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration is required.
- C. Immigration status under § 101(a)(15) or 101 (a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101 (a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary status.
- D. Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but, who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- E. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. I 153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- F. Parole Status under §212 (d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S. 1182(d)(5)) [*parole status*].
- G. Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- H. Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].